



Medical Facilities of America, Inc., PAC

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 JUL 25 P 2: 34

July 21, 2006

Ms. Karen E. Trainer
Campaign Finance Analyst
Reports Analysis Division
Federal Election Commission
999 E Street, N.W.
Washington D.C. 20463

Re: Year-End Report (07/01/05- 12/31/05) Amendment

Dear Ms. Trainer:

Enclosed herewith, as requested on your letter dated June 30, 2006 you will find an amended Year-End Report (07/01/05- 12/31/05). I am enclosing the first five pages of the report. Also, according to 11 CFR §100.12, enclosed please find the occupation and name of the employer for Brenda Moore, Emory Allen and Sean Pressman. All contributions received from these individuals aggregate over \$200 for the calendar year.

If you have any questions, please do not hesitate to contact me at (540) 776-7526.

Sincerely,

Novel Martin
Treasurer
Medical Facilities of America, Inc PAC

Attachments



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

June 30, 2006

Novel Martin, Treasurer
Medical Facilities of America Inc PAC
2917 Penn Forest Boulevard Ste 200
PO Box 29600
Roanoke, VA 24018

**Response Due Date:
July 31, 2006**

Identification Number: C00405472

Reference: Year End Report (07/01/05-12/31/05)

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response date noted above.** An itemization of the information needed follows:

-Commission Regulations require that a committee disclose the identification of all individuals who contribute in excess of \$200 in a calendar year. (11 CFR §104.3(a)(4)(i)) Identification for an individual is defined as the full name, mailing address, occupation and name of employer. (11 CFR §100.12) Your report discloses contributions from individuals for which the identification is not complete.

You must provide the missing information, or if you are unable to do so, you must demonstrate that "best efforts" have been used to obtain the information. To establish "best efforts," you must provide the Commission with a detailed description of your procedures for requesting the information. Establishing "best efforts" is a three-fold process.

First, your original solicitation must include a clear and conspicuous request for the contributor information and must inform the contributor of the requirements of federal law for the reporting of such information. (11 CFR §104.7(b)(1))

Second, if the information is not provided, you must make one follow-up, stand alone effort to obtain this information, regardless of whether the

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contribution(s) was solicited or not. This effort must occur no later than 30 days after receipt of the contribution and may be in the form of a written request or an oral request documented in writing. (11 CFR § 104.7(b)(2))
The request must:

- clearly ask for the missing information, without soliciting a contribution;
- inform the contributor of the requirements of federal law for the reporting of such information, and
- if the request is written, include a pre-addressed post card or return envelope.

Third, if you receive contributor information after the contribution(s) has been reported, you shall either a) file with your next regularly scheduled report, an amended memo Schedule A listing all the contributions for which additional information was received; or b) file on or before your next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR §104.7(b)(4))

Please provide the missing information or a detailed description of your procedures for requesting the information. For more information on demonstrating "best efforts," please refer to the Campaign Guide.

-On Schedule A supporting Line 11(a)(i) of the Detailed Summary Page, your report disclosed contributions from individuals that omit the aggregate year-to-date totals and amounts of receipt. Please amend your report by supplying the information. 11 CFR §104.3(a)(4)(i)

-For your information, all contributions received that aggregate \$200 or less per individual for the calendar year should be reported on Line 11(a)(ii). Contributions received aggregating over \$200 per individual for the calendar year should be reported on Line 11(a)(i) and itemized on Schedule A.

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1139.

Sincerely,



Karen E. Trainer
Campaign Finance Analyst
Reports Analysis Division

212

2003011509

2006 JUL 25 P 2:34

FEC
FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. **12FR4M5**

MEDICAL FACILITIES OF AMERICA

ADDRESS (number and street) **2917 PENN FOREST BOULEVARD**

Check if different than previously reported. (ACC) **SUITE 20 P.O. BOX 29600**
ROANOKE VA 24018-0797

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00405472

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:
- April 15 Quarterly Report (Q1)
 - July 15 Quarterly Report (Q2)
 - October 15 Quarterly Report (Q3)
 - January 31 Year-End Report (YE)
 - July 31 Mid-Year Report (Non-election Year Only) (MY)
 - Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
 - May 20 (M5)
 - Aug 20 (M8)
 - Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3)
 - Jun 20 (M6)
 - Sep 20 (M9)
 - Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4)
 - Jul 20 (M7)
 - Oct 20 (M10)
 - Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on: [] / [] / [] In the State of []

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on: [] / [] / [] In the State of []

5. Covering Period **07 / 01 / 2005** through **02 / 31 / 2005**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Novel Martin**

Signature of Treasurer *Novel Martin* Date **07 / 21 / 2006**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FESAN016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MEDICAL FACILITIES OF AMERICA, INC. PAC

Report Covering the Period:

From:

07 / 01 / 2005

To:

12 / 31 / 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2005	200,500.00	1,000,000.00
(b) Cash on Hand at Beginning of Reporting Period.....	1,811,811.50	
(c) Total Receipts (from Line 10).....	4,095,800.00	1,920,195.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1,827,623.00	2,920,195.00
7. Total Disbursements (from Line 31).....	2,053,900.00	1,297,890.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1,622,305.00	1,622,305.00
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

20030152631

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2005)

Page 3

Write or Type Committee Name

MEDICAL FACILITIES OF AMERICA, INC. PAC

Report Covering the Period:

From:

01 / 07 / 2005

To:

12 / 31 / 2005

I Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4,095.80	1,920.95
(ii) Unitemized.....	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4,095.80	1,920.95
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	4,095.80	1,920.95
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b)).....	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	4,095.80	1,920.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4,095.80	1,920.95

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	
(ii) Non-Federal Share	0	
(b) Other Federal Operating Expenditures	1 7 8 9 0	1 7 8 9 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	
22. Transfers to Affiliated/Other Party Committees	0	
23. Contributions to Federal Candidates/Committees and Other Political Committees	2 0 5 3 9 0	1 2 9 7 8 9 0
24. Independent Expenditures (Use Schedule E)	0	
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (Use Schedule F)	0	
26. Loan Repayments Made	0	
27. Loans Made	0	
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	
(b) Political Party Committees	0	
(c) Other Political Committees (such as PACs)	0	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	
29. Other Disbursements	0	
30. Federal Election Activity (2 U.S.C. §491(2))		
(a) Allocated Federal Election Activity (from Schedule H5)		
(i) Federal Share	0	
(ii) "Levin" Share	0	
(b) Federal Election Activity Paid Entirely With Federal Funds	0	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2 0 5 3 9 0	1 2 9 7 8 9 0
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)	2 0 5 3 9 0	1 2 9 7 8 9 0

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4,095,800	1,920,195
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4,095,800	1,920,195
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	0
37. Offsets to Operating Expenditures (from Line 15, page 2)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	0

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA, INC. PAC

Full Name (Last, First, Middle Initial) A. Moore, Brenda		Date of Receipt 08 / 29 / 2005
Mailing Address 4241 Kings Court Drive		Amount of Each Receipt this Period 1,900.00
City Roanoke	State Zip Code VA 24018	
FEC ID number of contributing federal political committee C		Aggregate Year-to-Date 1,900.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		

Full Name (Last, First, Middle Initial) B. Moore, Brenda		Date of Receipt 09 / 12 / 2005
Mailing Address 4241 Kings Court Drive		Amount of Each Receipt this Period 1,900.00
City Roanoke	State Zip Code VA 24018	
FEC ID number of contributing federal political committee C		Aggregate Year-to-Date 2,090.00
Name of Employer Medical Facilities of America	Occupation EVP of IS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		

Full Name (Last, First, Middle Initial) C. Moore, Brenda		Date of Receipt 09 / 26 / 2005
Mailing Address 4241 Kings Court Drive		Amount of Each Receipt this Period 1,800.00
City Roanoke	State Zip Code VA 24018	
FEC ID number of contributing federal political committee C		Aggregate Year-to-Date 2,280.00
Name of Employer Medical Facilities of America	Occupation EVP of IS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		

SUBTOTAL of Receipts This Page (optional).....	
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE OF
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
MEDICAL FACILITIES OF AMERICA, INC. PAC

A. Moore, Brenda
 Full Name (Last, First, Middle Initial)
 Mailing Address: **4241 Kings Court Drive**
 City: **Roanoke** State: **VA** Zip Code: **24018**
 Name of Employer: **Medical Facilities of America** Occupation: **EVP of IS**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **2,470.00**
 Date of Receipt: **10 / 10 / 2005**
 Amount of Each Receipt this Period: **1,000.00**
 FEC ID number of contributing federal political committee: **C**

B. Moore, Brenda
 Full Name (Last, First, Middle Initial)
 Mailing Address: **4241 Kings Court Drive**
 City: **Roanoke** State: **VA** Zip Code: **24018**
 Name of Employer: **Medical Facilities of America** Occupation: **EVP of IS**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **2,650.00**
 Date of Receipt: **10 / 24 / 2005**
 Amount of Each Receipt this Period: **1,000.00**
 FEC ID number of contributing federal political committee: **C**

C. Moore, Brenda
 Full Name (Last, First, Middle Initial)
 Mailing Address: **4241 Kings Court Drive**
 City: **Roanoke** State: **VA** Zip Code: **24018**
 Name of Employer: **Medical Facilities of America** Occupation: **EVP of IS**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **3,285.00**
 Date of Receipt: **01 / 17 / 2005**
 Amount of Each Receipt this Period: **1,900.00**
 FEC ID number of contributing federal political committee: **C**

SUBTOTAL of Receipts This Page (optional) **5,900.00**
 TOTAL This Period (last page this line number only) **5,900.00**

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
	<input type="checkbox"/> 18	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA, INC. PAC

Full Name (Last, First, Middle Initial) A. Moore, Brenda			Date of Receipt 11 / 21 / 2005		
Mailing Address 4241 Kings Court Drive			Amount of Each Receipt this Period 19.00		
City Roanoke	State VA	Zip Code 24018			
FEC ID number of contributing federal political committee. C					
Name of Employer Medical Facilities of America		Occupation EVP of IS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		Aggregate Year-to-Date ▾ 30400			

Full Name (Last, First, Middle Initial) B. Moore, Brenda			Date of Receipt 12 / 05 / 2005		
Mailing Address 4241 Kings Court Drive			Amount of Each Receipt this Period 19.00		
City Roanoke	State VA	Zip Code 24018			
FEC ID number of contributing federal political committee. C					
Name of Employer Medical Facilities of America		Occupation EVP of IS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		Aggregate Year-to-Date ▾ 32300			

Full Name (Last, First, Middle Initial) C. Moore, Brenda			Date of Receipt 12 / 19 / 2005		
Mailing Address 4241 Kings Court Drive			Amount of Each Receipt this Period 19.00		
City Roanoke	State VA	Zip Code 24018			
FEC ID number of contributing federal political committee. C					
Name of Employer Medical Facilities of America		Occupation EVP of IS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		Aggregate Year-to-Date ▾ 34200			

SUBTOTAL of Receipts This Page (optional).....	19.00
TOTAL This Period (last page this line number only).....	19.00

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>
<input type="checkbox"/>	18	<input type="checkbox"/>	14	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	11c	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	12	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	15	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	16	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	17	<input type="checkbox"/>

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA, INC. PAC

Full Name (Last, First, Middle Initial)
A. Allen, Emory

Mailing Address
5527 Medmont Circle

City **Roanoke** State **VA** Zip Code **24018**

FEC ID number of contributing federal political committee: **C**

Name of Employer **Medical Facilities of America** Occupation **VP of Human Resources**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **2,000.00**

Date of Receipt: **08 / 01 / 2005**

Amount of Each Receipt this Period: **4,000.00**

Full Name (Last, First, Middle Initial)
B. Allen, Emory

Mailing Address
5527 Medmont Circle

City **Roanoke** State **VA** Zip Code **24018**

FEC ID number of contributing federal political committee: **C**

Name of Employer **Medical Facilities of America** Occupation **VP of Human Resources**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **2,400.00**

Date of Receipt: **08 / 15 / 2005**

Amount of Each Receipt this Period: **4,000.00**

Full Name (Last, First, Middle Initial)
C. Allen, Emory

Mailing Address
5527 Medmont Circle

City **Roanoke** State **VA** Zip Code **24018**

FEC ID number of contributing federal political committee: **C**

Name of Employer **Medical Facilities of America** Occupation **VP of Human Resources**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **2,800.00**

Date of Receipt: **08 / 29 / 2005**

Amount of Each Receipt this Period: **4,000.00**

SUBTOTAL of Receipts This Page (optional) **12,000.00**

TOTAL This Period (last page this line number only) **12,000.00**

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE OF	
	<input checked="" type="checkbox"/> 11a 19	<input type="checkbox"/> 11b 24	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 18

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA, INC. PAC

Full Name (Last, First, Middle Initial)
A. Allen, Emory

Mailing Address
5527 Medmont Circle

City **Roanoke** State **VA** Zip Code **24018**

FEC ID number of contributing federal political committee: **C**

Name of Employer **Medical Facilities of America** Occupation **VP of Human Resources**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **3,200.00**

Date of Receipt
09 / 12 / 2005

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
B. Allen, Emory

Mailing Address
5527 Medmont Circle

City **Roanoke** State **VA** Zip Code **24018**

FEC ID number of contributing federal political committee: **C**

Name of Employer **Medical Facilities of America** Occupation **VP of Human Resources**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **3,600.00**

Date of Receipt
09 / 26 / 2005

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
C. Allen, Emory

Mailing Address
5527 Medmont Circle

City **Roanoke** State **VA** Zip Code **24018**

FEC ID number of contributing federal political committee: **C**

Name of Employer **Medical Facilities of America** Occupation **VP of Human Resources**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **400.00**

Date of Receipt
10 / 10 / 2005

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) **1,200.00**

TOTAL This Period (last page this line number only) **1,200.00**

28030152639

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE OF	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
MEDICAL FACILITIES OF AMERICA, INC. PAC

Full Name (Last, First, Middle Initial) A. Pressman, Sean		Date of Receipt 07 / 18 / 2005
Mailing Address 1945 Roanoke Blvd.		Amount of Each Receipt this Period 5,000.00
City Salem	State Zip Code VA 24153	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1,500.00
Name of Employer Pressman, Sean	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		

Full Name (Last, First, Middle Initial) B. Pressman, Sean		Date of Receipt 08 / 01 / 2005
Mailing Address 1945 Roanoke Blvd.		Amount of Each Receipt this Period 5,000.00
City Salem	State Zip Code VA 24153	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 2,000.00
Name of Employer Salem Health & Rehab	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		

Full Name (Last, First, Middle Initial) C. Pressman, Sean		Date of Receipt 08 / 15 / 2005
Mailing Address 1945 Roanoke Blvd.		Amount of Each Receipt this Period 5,000.00
City Salem	State Zip Code VA 24153	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 2,500.00
Name of Employer Salem Health & Rehab	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▾		

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

26039152840

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE OF	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
MEDICAL FACILITIES OF AMERICA, INC. PAC

Full Name (Last, First, Middle Initial)
A. Pressman, Sean

Mailing Address
1945 Roanoke Blvd.

City **Salem** State **VA** Zip Code **24153**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Salem Health & Rehab** Occupation: **Administrator**

Receipt For:
 Primary General
 Other (specify) **v**

Aggregate Year-to-Date **3,000.00**

Date of Receipt: **08 / 29 / 2005**

Amount of Each Receipt this Period: **5,000.00**

Full Name (Last, First, Middle Initial)
B. Pressman, Sean

Mailing Address
1945 Roanoke Blvd.

City **Salem** State **VA** Zip Code **24153**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Salem Health & Rehab** Occupation: **Administrator**

Receipt For:
 Primary General
 Other (specify) **v**

Aggregate Year-to-Date **3,500.00**

Date of Receipt: **09 / 12 / 2005**

Amount of Each Receipt this Period: **500.00**

Full Name (Last, First, Middle Initial)
C. Pressman, Sean

Mailing Address
1945 Roanoke Blvd.

City **Salem** State **VA** Zip Code **24153**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Salem Health & Rehab** Occupation: **Administrator**

Receipt For:
 Primary General
 Other (specify) **v**

Aggregate Year-to-Date **4,000.00**

Date of Receipt: **09 / 26 / 2005**

Amount of Each Receipt this Period: **500.00**

SUBTOTAL of Receipts This Page (optional) **5,000.00**

TOTAL This Period (last page this line number only) **5,000.00**

20030152841

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE OF		
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 18	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (in Full)
MEDICAL FACILITIES OF AMERICA, INC. PAC

Full Name (Last, First, Middle Initial) A. Pressman, Sean		Date of Receipt 10 / 10 / 2005
Mailing Address 1945 Roanoke Blvd.		Amount of Each Receipt this Period 500.00
City Salem	State Zip Code VA 24153	
FEC ID number of contributing federal political committee C		Aggregate Year-to-Date 4500.00
Name of Employer Salem Health & Rehab	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		

Full Name (Last, First, Middle Initial) B. Pressman, Sean		Date of Receipt 10 / 24 / 2005
Mailing Address 1945 Roanoke Blvd.		Amount of Each Receipt this Period 500.00
City Salem	State Zip Code VA 24153	
FEC ID number of contributing federal political committee C		Aggregate Year-to-Date 5000.00
Name of Employer Salem Health & Rehab	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		

Full Name (Last, First, Middle Initial) C. Pressman, Jennifer		Date of Receipt 07 / 04 / 2005
Mailing Address 3335 L. Circle Brook Drive		Amount of Each Receipt this Period 500.00
City Roanoke	State Zip Code VA 24018	
FEC ID number of contributing federal political committee C		Aggregate Year-to-Date 1000.00
Name of Employer Pulaski Healthcare Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	

20030152042

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>7/21/06</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

41
 PREPARER
 (3/2005)

7/25/06
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